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City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1942

BY

J. L. BURN,

MEDICAL OFFICER OF HEALTH

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Members of the Health Committee,

1942-43.

Councillor C. R. V. HAYNES, J.P., *Chairman.*

Councillor W. W. CRABTREE, *Deputy-Chairman.*

Alderman C. J. TOWNSEND, J.P. (*Mayor*).
,, J. PARK, J.P. (*Deputy-Mayor*).
,, CUTTIFORD, J.P.
,, HIGGINBOTTOM.
,, SANDS, J.P.
,, WEBB, J. A., J.P., M.B.E.
,, WEBB, L.

Councillor BELL.
,, BINNS.
,, CUDDEFORD, J.P.
,, FEARNEHOUGH.
,, HAMPSON.
,, JOHNSON, G.
,, KITCHIN.
,, OPENSHAW, J.P.
,, SHLOSBERG.

The following members were co-opted upon the undermentioned Sub-Committees, viz. :—

Maternity and Child Welfare Sub-Committee—Mrs. FRANKENBURG, representing the Manchester and Salford Women Citizens' Association ; Mrs. HARGREAVES, representing the Ladies' Public Health Society ; and Mrs. MARKEY, representing the Women's Co-operative Guild.

INTRODUCTION.

Mr. Chairman and Gentlemen,

I submit to you an abbreviated account of the work of the Health Department in 1942.

Maternity and Child Welfare.

Wartime Nurseries.—The visit of Their Majesties, the King and Queen, to one of our Wartime Nurseries was a notable event. The gracious interest displayed by Their Majesties in the provision which the Committee have made for the welfare of children of wartime working mothers caused keen delight.

Visits were also paid to one of your Wartime Nurseries by the then Minister of Health, the Right Honourable Mr. Ernest Brown, M.C., and the President of the Board of Education, the Right Honourable Mr. R. A. Butler.

Infant Mortality.—The high infant mortality rate of 77 per thousand live births is noteworthy. Such a persistent and severe infant mortality is a call to further public health planning and action. I have given in the report some facts and figures, together with my comments thereon, to which I would refer your attention.

Much greater care will have to be given to each individual child in the future, and a vast amount of health education is necessary among mothers (and fathers too !) whilst it is important to create an interest in, and widen, the knowledge of, health among our young folk, particularly senior school girls and adolescents.

As a small effort to this end a Child Life Exhibition was held throughout the whole of one week. Besides exhibits, demonstrations and film shows, a Thrift Garment Competition and talks to staff and to the public were included, and demonstrations of infant care were given to school girls. The films comprised subjects ranging from Rehabilitation to Nursery School work and Diphtheria Immunisation to Venereal Diseases.

Other Maternity and Child Welfare projects were—

(1) the installation of apparatus at our Sun-Ray Clinic enabling many times more children (both school and pre-school) and mothers to be treated ;

(2) the establishment of a "Flying Squad" to give help in emergency maternity cases (this has proved of practical advantage) ;

(3) the inauguration of the use by midwives of approved apparatus for analgesia in childbirth. Your Municipal Hospital was approved as a Training School for this purpose.

VITAL STATISTICS.

I would commend to your attention the high birth rate (18·4 per thousand), the low rate of maternal mortality (2·7 per thousand), and the high stillbirth rate (33·2 per thousand births).

The tables printed on pages 40 and 41 show analyses of the infant deaths in the City. There is also on page 42 an analysis of a very important death rate—the neo-natal death rate, or deaths within the first twenty-eight days of life. I look forward to the time when, by the provision of better facilities for ante-natal, natal and post-natal care, and co-operation with the mother, improved housing conditions, and reduction of risks of infection, we shall see our infant death rate halved. There is no reason why (with much effort) within a few years this figure should not be reduced to well below 40 instead of the 1942 figure of 77.

CO-ORDINATION OF HEALTH AND SCHOOL MEDICAL STAFFS AND SERVICES.

I quote from the School Medical Report which, for reasons of economy, is not being printed separately this year :—

" *Co-ordination of Health and School Medical Services.*

" An important advance during 1942 was your adoption of the " Co-ordination Scheme. For the welfare of the child, health supervision " should be continuous throughout all ages. Many advantages are to be " derived from the closer co-ordination of Health and School Medical " Services. Watertight compartments are wasteful and inefficient. The " pooling of medical and nursing staffs is of the greatest advantage. Each " branch can help the others—not merely in times of emergency, wartime " difficulties or holidays, but in the day by day work of the respective " sections.

" Assistant Maternity and Child Welfare Officers are now recognised " as Assistant School Medical Officers. The work done previously by the " Maternity and Child Welfare Officers in schools is now recognised, whilst " the knowledge gained by these officers of the child's family and home " conditions is of the greatest help in supervising the health of the school " child. Continuity of supervision is also of value in maintaining clinical " interest in the work.

" *Nursing Staff.*

" A ' Dual Appointment ' system has been instituted, which has as " an aim the prevention of overlapping and duplication of effort, and " providing greater interchangeability in the duties of nurses. The " influence of the Co-ordination Scheme will also be apparent in various " Services—orthopædic, dental, etc.—and in the different Specialist " Clinics, *e.g.*, diseases of the skin, throat, nose and ear, and sun-ray. " Although the Co-ordination Scheme has been in partial operation for " some months only, some benefit has been realised already, and it will " continue, I am sure, to be of effective help to the welfare of the school " children.

" *Specialist Clinics.*

" A notable feature of the year was the establishment of further " Specialist Clinics. I need hardly add that these are of the greatest help " in the diagnosis and treatment of defects in children."

The following Special Clinics were established during the year. All these Clinics are available, not only to school children, but also to pre-school children and expectant and nursing mothers :—

- Skin Diseases ;
- Ear, Nose and Throat ;
- Special Investigation Clinic (which was primarily established for school children suffering from heart disease and rheumatism. Since the inauguration of this Clinic, children requiring special investigation for other conditions than heart disease or rheumatism have been included).

DIPHTHERIA IMMUNISATION.

Special attention has been devoted to immunisation.

A Salford venture which was subsequently adopted on a nation-wide scale was the issue of a Diphtheria Immunisation Birthday Greeting Card.

An innovation was the use of selected members of our Health Nursing Service (Health Visitors and School Nurses) to give the actual inoculations. This policy was attended with marked success, and is a great saving of Medical Officers' time, thus allowing more time to be spent on work which cannot be performed by nursing staff. The reaction rate was negligible, and I record appreciation of the care and enthusiasm with which members of the staff took this new venture.

In some cases, immunisation was performed by the nurses in the homes of the children. This was a great advantage as, although consent had been given to the immunisation, children could not be brought to a clinic during ordinary hours owing to the wartime working of many mothers.

WHOOPING COUGH.

In the case of babies of one year, facilities are offered for immunisation against whooping cough simultaneously with that of diphtheria immunisation. It is far too early to attempt to assess the value of this method of immunisation, although mothers speak enthusiastically of it. No propaganda, however, is undertaken in the present state of scientific opinion to persuade mothers to have their children immunised against whooping cough, whereas, with diphtheria immunisation, every endeavour is made to secure the parents' consent.

The figures for diphtheria immunisation for the "under-fifteen" population were as follows :—

1st January, 1942	34·8 per cent.
31st December, 1942	45·8 per cent.

It will be seen that we have much leeway to make up here. Further concentration of effort has taken place since 1942.

SCARLET FEVER.

A departure from our normal procedure was to allow more cases to be nursed at home than hitherto. In fact, only in cases where there was some special reason for the admission of the child to an Isolation Hospital was the patient not nursed at home. No ill effects followed this change of policy.

SCABIES.

Improved methods of diagnosis and treatment were made available. Diagnosis, and also test of cure, was made by the use of the needle, extracting the mite from its burrow for microscopical examination by a trained observer. In this way, it is felt that we can have confidence in our results.

Nearly four thousand patients were treated : thus, it is easily seen what a huge problem scabies was in Salford. The greatest efforts were made to secure the attendance of adults. A twenty-four hour service was offered in order to enable the war-worker to attend at any time of the day or night which might be convenient. Cleansing facilities at three First Aid Posts were made available. We had the benefit of the devoted service (to which I pay tribute) of the members of the First Aid Post staffs.

As from the 1st July, disinfestation of clothing and fomites as a policy was abandoned. It was of interest, therefore, to compare the figures for the six months of the year with the policy of stoving with those for the six months without. During this latter period, for hygienic reasons, patients and parents were advised to boil personal clothing and bedclothing : it is doubtful, however, whether the majority followed this advice. No increase in scabies was noted as a result of the change in policy, nor was the relapse or re-treatment rate raised. The policy had many advantages, and Salford's experience was of interest to other Authorities.

TUBERCULOSIS.

An advance made during the year was the appointment of a Thoracic Surgeon—Mr. A. Graham Bryce, M.D., F.R.C.S. This has meant that patients who have some pulmonary condition of the chest for which an operation can be performed now receive the benefit of the most modern treatment. The more serious cases are transferred to Baguley Sanatorium, but a number of minor operations are performed at your municipal general hospital—Hope Hospital.

VENEREAL DISEASES.

During the year, the Council passed a resolution expressing their opinion that it was now expedient that Venereal Disease should be made a notifiable disease.

The visitation of female defaulters was also started during 1942, and the results have been encouraging.

It is regrettable to note that, during the year, there was an increase of seventy-five per cent. in female cases of syphilis attending for the first time, and sixty-six per cent. increase in female cases of gonorrhœa. It will be seen, therefore, how important this work is, and I am glad to pay tribute to the excellent facilities which you have provided, and to the splendid work of Dr. Marinkovitch (who was Venereal Diseases Officer throughout the year) and of the staff of the Municipal Clinic.

MUNICIPAL HOSPITALS.

The developments regarding municipal hospitals are described in the report. I would like to mention the opening of an additional Maternity Ward, which has met a long-felt want.

I would bring to your notice the splendid service which is given by voluntary donors for our Blood Transfusion Service, and also the voluntary work of the medical and other staff.

Manchester, Salford and Stretford Joint Hospital Advisory Board.—During the year, the Council, together with the Stretford Council, decided to join the Manchester Joint Hospital Advisory Board.

NUTRITION.

Dr. Sydenstricker, of America, conducted a Nutrition Survey of a sample thousand of our population, including factory workers, Air Training Corps cadets, expectant mothers and school children. The examination took place by ordinary clinical methods with the aid of a slit lamp. The results of the survey will be published later.

Full co-operation with the Ministry of Food was given by this Department in the distribution of vitamins, juices, etc.

HOUSING.

During the year, the first programme of Salford slum clearance was prepared and submitted. The first instalment of the programme involved over ten thousand houses.

LADYWELL ISOLATION HOSPITAL.

Further demands made on hospital accommodation led to the re-opening of wards which had not been used since the " blitz."

I cannot conclude without recording appreciation of those members of the medical, nursing and administrative staffs who, by their untiring devotion, enabled not only the normal Public Health work to be carried out, but coped with many additional difficulties and helped in the development of the Public Health Services.

I have the honour to be,

Your obedient Servant,

J. L. BURN,

Medical Officer of Health.

SECTION I.

Mortality Statistics.

STATISTICAL SUMMARY, 1942.

Area.—The City of Salford has a total area of 5,202 acres.

Population.—(Registrar-General's Estimate at Mid-year, 1942)	153,300
,, (Census, 1931)	223,438

Density.—The Mean Density of the City is equal to 29‘5 persons per acre.

Live Births	**Legitimate**	**1,332**	**Males,**	**1,300**	**Females**	2,632
	Illegitimate	**98**	,,	**93**	,,	191
					Total	2,823

Annual Rate of Births per 1,000 of the Population				18·4
Still Births	**Males**	**55**	**Total**	97
	Females	**42**		
Annual Rate of Still Births per 1,000 Total Births				33·2
Deaths	**Males**	**1,182**		2,225
	Females	**1,043**		
Annual Rate of Mortality per 1,000 of the Population				14·5
Percentage of total deaths occurring in Public Institutions				49·2

Deaths from Puerperal Causes :—	Deaths.	Rate per 1,000 Total Births.
Puerperal Sepsis	2	0·7
Other Puerperal Causes	6	2·0
Total	8	2·7

Death-rate of Infants under one year of age per 1,000 live births :—

Legitimate, 77. Illegitimate, 73. Total	77
Deaths from Measles (all ages)	6
,, ,, **Whooping Cough** (all ages)	—
,, ,, **Diarrhoea** (under 2 years of age)	45

SANITARY INSPECTORS' DEPARTMENT.

This year has seen a return to more normal conditions, and the making of plans for the future. Freedom from enemy air attacks has made this possible. The problems of war damage were still much to the fore, but as the year proceeded it was very noticeable that they were giving place to matters of more normal significance. The outstanding features of the year's work were as follows :—

War Damage Survey.

3,686 war damaged houses were inspected to decide how many could be made reasonably fit for human habitation having regard to the standard of fitness required by the Housing Act, 1936. The houses were selected by the City Engineer for special consideration as to the advisability of spending money on extensive repairs to houses which after the war would probably be demolished under the slum clearance programme. It was found that 2,870 of the houses selected could be made reasonably fit for the time being for human habitation if repaired. The remaining 816 could not by any reasonable expenditure of money be brought up to the required standard of fitness because of bad arrangement restricting natural light and ventilation, general dilapidation due to age, dampness, and lack of proper amenities. A deputation from Salford interviewed the Ministry of Health's representative to obtain permission for the immediate demolition of this property but permission was not granted. The demolition of this property would have meant a rehousing programme for 506 families, approximately 1,590 persons, which could not be sanctioned in war-time. Extensive repairs have been carried out to most of the houses in order to mitigate the danger to health and to provide some measure of comfort for the occupants until such time as alternative accommodation can be provided.

Reconditioning of Property.

The carrying out of extensive repairs to war damaged houses made it very obvious that urgent action was needed with regard to houses not war damaged but equally in need of repair. In many instances the houses not war damaged were in a much worse condition than those that were. Salford is an old town, and a big percentage of the property is over 70 years old. At the outbreak of war the reconditioning of such of this property as could be made fit for human habitation under Section 9 of the Housing Act, 1936, was suspended. After nearly three years, however, the resumption of this work became imperative, as there was widespread discontent amongst the tenants and the condition of the property was fast deteriorating. Section 9 was again put into operation, but this time with a greatly modified standard as compared with pre-war. The guiding principle in the war-time standard is that the houses shall at least be made weatherproof and the degree of urgency for other defects taken into consideration. Difficulties of obtaining labour and materials have been raised by owners, but in the cases dealt with the difficulties have not proved insurmountable.

Houses scheduled for post-war demolition cannot be dealt with under Section 9 of the Housing Act, 1936, and until such time as they can be demolished they are being dealt with under the nuisance sections of the Public Health Act, 1936. This is a very unsatisfactory procedure for such property and means continuous inspection and maintenance.

Post-War Planning.

A post-war slum clearance programme has been prepared and will be put into operation at the earliest possible moment. Seven large areas have been scheduled for complete clearance and three other areas scheduled for redevelopment. It will mean the demolition of about 9,500 houses and the rehousing of the tenants. Outside these areas there are numerous isolated blocks of houses which are unfit for human habitation and should be demolished. It is proposed to deal with the large areas first. Progress will naturally depend on the availability of alternative accommodation for the tenants, but in an already " built-up " City this will present a very complex problem. As far as can be seen at the present time there will be no satisfactory solution of the problem within the City's boundary, and the provision of accommodation outside will become inevitable.

In addition to the slum clearance programme there is an overcrowding problem to be faced. Pre-war it was proposed that 500 houses should be built as a first step towards the abatement of overcrowding ; and since then 2,300 houses have been demolished as a result of enemy air attacks. The call-up of men and women for the Services, the evacuation of school children to safer areas, and the exodus of bombed-out families may have eased the situation temporarily, but it is certain to become a tremendous problem in the immediate post-war years.

If slums and overcrowding are to be abolished it is obvious that the building of new houses must be proceeded with at a quicker pace and on a grander scale than ever before.

Atmospheric Pollution.

A pleasing feature this year has been the diminution of the smoke pall over the City. This, of course, is largely due to the activities of the Ministry of Fuel in the interests of fuel economy. Whilst the production of smoke over the large towns may have been an asset from the point of view of added protection against enemy air attacks it was a grave liability from the public health point of view, and in this respect the fuel economy campaign came at a very opportune time. The normal legislation for controlling the emission of smoke from industrial chimneys is still inoperative.

Milk.

The City's milk supply has been far from satisfactory. In the summer months there were numerous complaints regarding sour milk and this was found to be milk supplied from collecting centres outside the City. Milk supplied direct from the farms to the dairies was not at fault in this respect. The bacterial standard of most ordinary raw milk supplied to the dairies has never been satisfactory, and it is fortunate that approximately 80 per cent. of the City's milk supply is heat treated before delivery to the consumers. Nothing short of the compulsory pasteurisation of all milk supplies will, however, give a fair measure of safety to the public.

Contamination after pasteurisation must not be overlooked. There has been a serious deterioration in the cleanliness of milk bottles and other utensils, and the practice of filling bottles in the streets has been much in evidence. The cause appears to be the use of untrained and unsuitable labour. Every effort is being made to raise the standard of cleanliness, but the difficulties of dealing with unsatisfactory labour must be openly admitted. The public can help considerably in this matter by thoroughly washing milk bottles before returning them to the retailers, and by reporting all cases of negligence as regards cleanliness of milk bottles, etc., to the Department.

In general it is possible to effect an improvement without recourse to legal proceedings, but in one case this year it was found necessary to prosecute a large dairy company outside the City for delivering a bottle in a filthy condition to a customer. A fine was imposed on the company.

Vermin.

The location and destruction of vermin has always presented a problem, but as a result of the wholesale demolition of property, extensive damage to the drainage system, and movement of the population following enemy air attacks the problem has beome one of major importance.

Rats are closely associated with debris and defective drainage, and as these things are dealt with the rats tend to disappear. It will, however, take a long time to locate and remedy the full extent of the damage underground to the drainage system.

There have been many complaints regarding the contamination of foodstuffs by rats and mice, and there is some cause for concern in the degree of rat and mice infestation of food shops and food preparing premises. The matter is being carefully watched, and food dealers are urged to take advantage of the Corporation's free disinfestation service under the control of the Director of Public Cleansing.

Enforced movement of the population has in some cases meant movement of the bug population either on the persons themselves or on their goods and chattels, with the result that premises have become infested where bugs were previously unknown. On the other hand houses known to owners to be bug infested have been let to clean tenants. The legal aspect of these cases is often very involved, and the best work is usually accomplished by informally encouraging the owner and tenant to co-operate in ridding the premises of bugs. Advice is given by the Sanitary Inspector who keeps a watchful eye on the progress of the work. It has not been found necessary to take legal proceedings up to now.

Pig Keeping.

Pig keeping is definitely becoming popular. About twenty new piggeries have been started during the past year. There is no legal control over the site or structure of these premises at the present time, but when the animals are installed they must not be kept in such a manner as to be prejudicial to health. Fortunately, almost without exception, prospective pig keepers have consulted the Department as to the site and structure of the premises. Emphasis has been placed on the need for styes of sound construction with impervious materials for wall and floor surfaces, efficient drainage, the provision of adequate water supply, proper facilities for the storage and boiling of swill, provision of a proper manure receptacle, etc. It is felt that as a result of this co-operation the piggeries in the City will not become public nuisances, even after their immediate national purpose has been served.

Typhus Fever.

The possible introduction of Typhus Fever into this country during war-time was the subject of a special circular issued by the Ministry of Health, and local authorities were asked to make suitable preparations to deal with any outbreak of this disease. A scheme for hospital accommodation, removal of patients, investigation of cases, removal of contacts for delousing, and methods of delousing has been prepared and is ready to be put into operation at a moment's notice. The persons detailed for the work have been inoculated against the disease and all equipment is in readiness. The scheme caters for out-districts that have agreements with Salford Corporation for the treatment of infectious cases.

A meeting of members of the staff from Salford and neighbouring authorities was called to investigate the practical details of the scheme, to discuss mutual arrangements, and to hear a lecture on the disease given by Dr. Edge, the Medical Superintendent of the Infectious Diseases Hospital. It is felt that should an outbreak of Typhus Fever occur in this vicinity it would be effectively dealt with.

Staff.

The staff during 1942 consisted of seventeen Sanitary Inspectors, three of whom were serving with H.M. Forces.

It is creditable that the efficiency of the Department was maintained despite the depletion of staff and the greatly increased responsibilities of war-time.

The following is a brief statement of inspections made and notices issued and abated during the year :—

Nature of Inspections.	*Totals.*
War damage survey	3,686
Sanitary defects (roofs, gutters, defective drains, etc.)	10,313
Re-inspections	12,603
Factories	44
Shops	117
Sub-let houses	1,009
Seamens' lodging-houses	95
Common lodging houses	191
Stables	64
Schools	26
Cinemas	19
Dairies	335
Food preparing premises	154
Butchers' shops	187
Fish and chip shops	66
Ice cream shops	53
Piggeries	47
Unsound food	427
Enteric fever, paratyphoid, and dysentery	85
Slaughterhouses and knackers' yards	108

Formal Notices issued	2,104
Informal Notices issued	1,704
Formal Notices abated	2,026
Informal Notices abated	1,065

In addition to the duties under the Public Health Act, 1936, much time was devoted by Sanitary Inspectors during the year to the maintenance of Public Air Raid Shelters on behalf of the Civil Defence Emergency Committee.

INFECTIOUS DISEASES.

The number of cases of Infectious Diseases notified during 1942 was 3,666 as compared with 3,228 during 1941. Although, in the majority of cases, there were few differences of note in the number of cases of individual diseases which were notified, in two instances there were considerable variations, viz.:—

	1942.	1941.
Measles	1,795	668
Whooping Cough	59	762

The following table shows the number of cases of each disease notified during the year:—

Diseases.	*No. of cases.*
Diphtheria	539
Scarlet Fever	381
Measles	1,795
Erysipelas	50
Pneumonia—Primary	322
,, —Influenzal	23
Puerperal Pyrexia	49
Encephalitis Lethargica	1
Enteric Fever	5
Cerebro-spinal Fever	31
Malaria	5
Acute Polio-encephalitis	2
Dysentery	8
Ophthalmia Neonatorum	10
Pemphigus Neonatorum	10
Pulmonary Tuberculosis	301
Non-pulmonary Tuberculosis	75
Whooping Cough	59
	3,666

IMMUNISATION—YEAR 1942.

Persons completing the course during the year :—

DIPHTHERIA.	*Number of Persons.*
Maternity and Child Welfare Clinics and Centres	2,177
Various Schools and School Medical Clinics	2,857
Total	5,034

WHOOPING COUGH.	
Maternity and Child Welfare Clinics and Centres	1,511

Attendances at Clinics and Schools during 1942 :—

	Number of Attendances.
Maternity and Child Welfare Clinics and Centres	8,027
Various Schools and School Medical Clinics	6,643
Total	14,670

The percentages of children in Salford under 15 years of age who were immunised during the year 1942 are as follows :—

Diphtheria	14·6
Whooping Cough	4·4

The estimated percentage of all Salford children under 15 years of age now immunised against Diphtheria is 45·8.

TUBERCULOSIS DEPARTMENT.

During 1942 there were no outstanding changes in the functioning of the Tuberculosis Department. As a considerable number of patients find it difficult, due to war-time employment, to attend day session chest clinics, the evening clinics were continued throughout the black-out months.

During the year, considerable interest was shown in the application of miniature mass Radiography to members of the civilian population, but there were no developments in that direction.

Towards the end of 1942, there was some indication that the Government had under consideration the making of financial allowances to families whose income has been crippled by the occurrence of Pulmonary Tuberculosis in a member, but by the end of the year a definite scheme was not forthcoming.

As far as the internal work of the department is concerned, the main change has been the addition to the staff of Mr. Graham Bryce, who acts as Consulting Thoracic Surgeon. Monthly visits are made by him to Nab Top Sanatorium and Ladywell Hospital. At these visits selected cases are reviewed, and where indicated, modern methods of surgical treatment for Pulmonary Tuberculosis are carried out. The minor operations are done at Hope Hospital, those of a major character being done at the Manchester Chest Centre, Baguley.

As in the past, Nab Top Sanatorium has been utilised for early and intermediate cases, 261 patients being treated in the institution during 1942, while the average daily number of patients maintained there was 78. In spite of staff difficulties, the Sanatorium has continued to function normally.

The accommodation at Ladywell Hospital has been utilised solely for advanced cases. The staff there is also severely restricted due to war-time conditions. This has necessitated the utilisation of some 44 beds only as compared with the normal 72. At times this has meant rather a long " waiting list." The number of patients treated in Ladywell during 1942 was 192, the daily average number of patients being 38.

818 patients (including non-pulmonary cases) were referred to the Tuberculosis Officers for examination during the year by General Practitioners, School Doctors and Hospitals. This was a considerable increase over the number referred in previous years. As before, every effort has been made to assist them in the diagnosis of non-tuberculous as well as tuberculous conditions of the chest. Endeavour has also been made to examine as many contacts as possible. A considerable number of the children of tuberculous families, while they show no definite evidence of Tuberculosis, appear to be undernourished. They would probably benefit enormously by a period of residence in the country. As Salford is not well provided for in this respect, it is often impossible to help such children. Children's accommodation in the country would be for Salford an assurance against Tuberculosis in the future.

LADYWELL HOSPITAL.

When the year commenced, Wards A 1, A 2, C 3—1 were being used for Fever cases, and C 4—1 and C 5—1 for Tuberculosis cases. In February, C 2—1 was opened as an additional Diphtheria Ward ; in April C 1—1 for Scarlet Fever, and C 5—2 in October for more Scarlet Fever cases. Wards B 1 and B 2 have been arranged for dealing with possible Typhus cases.

The difficulty in opening new Wards was the shortage of Nurses, and some Auxiliary Nurses had to be employed.

In September, an Assistant Resident Medical Officer was appointed.

The Nurses' Home was re-occupied in March.

At the beginning of the year there were 91 patients in Hospital ; these, with the 1,569 admitted during the year, made a total of 1,660 cases under treatment. Of this total, 1,407 were discharged, 85 died and 168 were in Hospital at the end of the year. The number of cases treated, 1,660, compares with 632 in 1941, and with 2,105·4, the average number of cases treated for the previous five years 1936-1940.

The cases treated were as follows :—

Scarlet Fever	380
Mixed Infections	15
Measles	73
Enteric Fever	9
Diphtheria	729
Erysipelas	39
Puerperal Fever	19
Tuberculosis	190
Other Diseases	206
	1,660

The number of cases admitted from *Out-Districts was 459, as compared with 141 in 1941. The daily average number of patients in 1942 was 150·0, the highest being 205 on November 10th, and the lowest 88 on the 3rd January. The daily average number of Out-District patients was 36·3, compared with 8·9 in 1941 and with 54·9 for the previous five years 1936-1940. 1,569 patients were admitted during the year as compared with 516 in 1941 and with 1,900, the average for the previous five years 1936-1940.

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* Eccles, Farnworth, Irlam, Stretford, Urmston, Manchester Port Sanitary Authority and Service patients, Swinton, Denton and Stalybridge.

VENEREAL DISEASES SCHEME.

New Cases.

There was an increase in the number of new cases during the year as compared with 1941. Actually, 1,951 new cases were dealt with during the year under review. Of this number, 1,124 were found to be suffering from Venereal Diseases and the remaining 827 from conditions other than Venereal. There was an increase of 143 V.D. cases during the year.

There has been an increase in the number of Syphilis cases, 32%; Gonorrhœa, 9%.

Sex Incidence.

There were 803 male and 321 female patients suffering from Venereal Diseases during the year. Compared with 1941 there is an increase in both sexes, but the increase of female patients is remarkable. The increase in female patients is 74%. The number of female patients has never been so high since the Clinic opened fifteen years ago.

Fresh Infections.

Of 674 new male venereal cases 636 were infections of less than twelve months duration. The number of fresh infections of Syphilis is approaching that of 1932. Of 299 new female venereal cases, 257 were infections of no longer duration than one year. In 1938 there were 11 fresh female cases, whereas in 1942 there were 62.

Attendances.

The total number of attendances during 1942 was 51,319. The intermediate attendances were 24,624 and Medical Officers in attendance 26,695. There is a definite increase in both Medical Officers' and intermediate attendances as compared with 1941.

Defaulters.

Thanks to the organisation and enthusiasm of the medical and nursing staff the total defaulter rate for the year was 9·44%. Moreover, the dangerous defaulter rate for males is 1% and for females 3·8%. This is a very satisfactory state indeed.

Syphilis.

There were 293 new cases of Syphilis who attended for the first time and had not been diagnosed at other treatment centres. Nearly two-thirds of this number were cases of early-infectious Syphilis. It is of some importance to observe that sero-positive primary stage heads the list in the male sex and that the secondary stage heads that of the female sex. In addition, there is a steady increase in the incidence of Syphilis in both sexes.

Congenital Syphilis.

There were 8 congenital cases in 1941. In 1942 the number rose from 8 to 25. Another indicator of the increased incidence of Syphilis.

Gonorrhoea.

In the year 1942 there were 604 fresh cases of Gonorrhœa—409 male and 195 female patients. The increase is chiefly among female patients.

Chancroid—Soft Sore.

There were 98 patients with this condition. The majority of these cases are seamen. All genital sores are searched for Tregonema Pallidum and blood tests carried out to exclude Syphilis.

PATHOLOGICAL DEPARTMENT.

The total number of specimens examined at the City Laboratory, 143, Regent Road, and at Hope Hospital Laboratory during 1942, including 156 examinations made for the outside boroughs of Prestwich, Whitefield and Hazel Grove, was 50,220, an increase of over 40% on that of the previous year.

This marked increase is due to the ever-growing demands which are being made upon the laboratory worker in the investigation of disease, both from the hospital and the Public Health standpoint.

There were no outbreaks of food poisoning during the current year. There was a small outbreak of Sonne Dysentery, which did not seem confined to any special area of the City, beginning in March and ending in May. The infection spread to some cases at two of the Day Nurseries, but was quickly controlled. The organism was isolated from sixteen cases.

Only four cases of Flexner Dysentery were detected during the year. Three of these were Flexner Z, and the other Type 103.

Three cases of Para Typhoid B. were detected. The new desoxycholate citrate agar medium has proved of great value in the isolation of the organisms from these cases, particularly in Dysentery cases.

The Salford branch of the Manchester and Salford Emergency Blood Transfusion Scheme is still being maintained at Hope Hospital. Blood was collected from 2,535 donors during the year. Plasma was drawn off from the bottles of blood collected from 2,164 of these, and sent to the Regional Central Depôt, where it is dried and used for distribution to the Armed Forces. There has also been a considerable increase in the demands made for the use of fresh blood for blood transfusion to urgent cases at the Hospital and to smaller hospitals in the surrounding district.

Mr. W. E. Portwood, A.I.C., was appointed Biochemist to Hope Hospital, September, 1942.

CITY ANALYST'S REPORT.

During the year 1942 the following analyses and tests have been made :—

Food and Drugs Act samples from the City of Salford	1,512
Food and Drugs Act samples from the Borough of Eccles	142
Food and Drugs Act samples from the Borough of Stretford	165
Milk Samples, "Appeal to Cow," from all sources	12
Fertilisers and Feeding Stuffs Act Samples	5
Pharmacy and Poisons Act Samples	4
Merchandise Marks Act, 1887, Samples	1
Waters (including Swimming Bath Waters)	60
Contract Samples examined for the Central Purchasing Committee	34
Other Miscellaneous Samples	112
Sunlight Tests	1,919
Volumetric Sulphur Tests	235
	4,201

The year under review has witnessed the introduction by the Ministry of Food of several additional war-time regulations ; notable examples are those governing the composition, manufacture and sale of meat products, jams, cake and flour confectionery, saccharin tablets, etc. Many of the provisions of these and similar orders can only be enforced by analytical control, and it is no exaggeration to say that directly or indirectly their effect has been to greatly increase the amount of work required on a very extensive range of samples.

There has been a very great improvement with regard to food substitutes during the year 1942 as compared with the year 1941, but the position cannot yet be considered satisfactory. The provisions of the Food Substitutes Order came into force on the 10th November, 1941, yet a perusal of Table 3 will show that an appreciable number of unsatisfactory substitutes have been examined during the year. The majority of these were unsatisfactory lemon or egg substitutes which for various reasons had not been withdrawn from sale by the makers ; there seems little doubt, however, that such products have now been almost entirely eliminated. The position with regard to egg substitute powders, which are usually coloured baking powders with practically no food value, has been further clarified as the result of a consultation which took place towards the end of the year between the Ministry of Food and the Food Manufacturers' Federation. Egg substitute powders will now be known as " golden raising powders," thereby avoiding the confusion which has existed in the minds of the public between " egg substitute powder " and " dried egg."

1,512 samples have been examined for the City of Salford under the Food and Drugs Act, 1938. Of these, 93 were reported upon as adulterated, corresponding to 6·1 per cent. adulteration. This figure is the lowest recorded since the year 1936, the range of adulteration since that year falling between 6·1 per cent. and 7·2 per cent. It will be noted from a study of the analysis of milk adulteration given in Table 1 that a big proportion of the samples reported upon as adulterated consisted of milks showing deficiencies in milk fat or solids not fat of less than 10 per cent. or 3 per cent. respectively. Offences of this type and others which were not of a very serious nature were usually dealt with by letters of caution. Legal proceedings were, however, instituted in 16 cases, 14 of these being under the Food and Drugs Act, 1938, 1 under the Pharmacy and Medicines Act, 1941, and 1 under the Pharmacy and Poisons Act, 1933. The fines (including costs) inflicted in these cases amounted to £117 7s.

Milk.

995 samples of milk were examined during the year. 381 being samples of farmers' milk taken in course of delivery to wholesalers and retailers in Salford.

The average butter fat content of all milk for the whole of the year was 3·66 per cent., that of farmers' milk being 3·71 per cent. and that of milk from all other sources being 3·64 per cent. The farmers' milk, therefore, showing a slightly higher figure for butter fat.

A considerable number of milk samples were found to be poor in solids not fat when compared with the presumptive limit of 8·5 per cent. solids not fat of the Sale of Milk Regulations, 1939, but were adjudged genuine on the Hortvet freezing point test. 72 samples of milk came under this heading. These were distributed over the whole of year, 12 being taken in the March quarter, 24 in the June quarter, 25 in the September quarter and 11 in the December quarter.

62 samples of milk were reported upon as adulterated during the year ; this represents a percentage milk adulteration of 6·2. The results for all of these samples were below either the presumptive limit of 3 per cent. butter fat or that of 8·5 per cent. solids not fat of the Sale of Milk Regulations, 1939. Before a milk was reported as adulterated due to deficiency in solids not fat it was submitted to the Hortvet freezing point test, any samples passing this test were certified as being naturally deficient in solids not fat. The total number of Salford milk samples examined by the freezing point test was 115.

The average figure for milk adulteration throughout England and Wales during the last 12 years for which this figure is available varied from 6·4 per cent. to 8·2 per cent., so that in the light of this the Salford figure cannot be considered unsatisfactory.

TABLE 1.

Milks deficient in fat only	28 or 2·8 per cent.
Milks containing added water only	28 or 2·8 per cent.
Milks deficient in fat and containing added water	6 or 0·6 per cent.
	62 or 6·2 per cent.
Milks containing more than 3 per cent. added water	13 or 1·3 per cent.
Milks 10 per cent. or more deficient in fat	24 or 2·4 per cent.

No samples of milk contained colouring matter or preservative.

Table 2 contains details of the adulterated milk samples and Table 3 gives a list of adulterated Food and Drugs Samples other than milk ; the succeeding paragraphs give brief accounts of the more interesting adulterated samples

TABLE 2.

MILK ADULTERATION.

No.	Nature of Adulteration.	Observations.
B1075	Contained 1·80% extraneous water	Formal samples genuine.
B1076	Deficient 30·0% milk fat	
B1078	Deficient 60·0% milk fat	Formal samples genuine.
B1106	Contained 1·80% extraneous water	Formal samples genuine.
A7443	Deficient 46·0% milk fat	Prosecution and conviction, fined £2 and £3 3s. costs.
A7446	Deficient 21·7% milk fat	
A7449	Deficient 21·7% milk fat	
B1160	Contained 1·2% extraneous water	Informal samples—see samples A7476 to A7482.
B1161	Contained 1·8% extraneous water	
B1162	Contained 1·2% extraneous water	
B1163	Contained 1·3% extraneous water	
B1164	Contained 1·2% extraneous water	
A7476	Contained 3·2% extraneous water	See special observations.
A7477	Contained 2·7% extraneous water	
A7478	Contained 2·2% extraneous water	
A7479	Contained 2·1% extraneous water	
A7480	Contained 2·5% extraneous water	
A7481	Contained 1·5% extraneous water	
A7882	Contained 2·7% extraneous water	
B1184	Deficient 6·6% milk fat	Other samples from same farm naturally poor in solids not fat.
A7493	Contained 4·8% extraneous water	
B1218	Deficient 5·0% milk fat	Further samples genuine.
B1221	Contained 2·9% extraneous water	Further samples genuine.
A7500	Contained 11·8% extraneous water and deficient in 12·7% milk fat.	Retailer fined 5s., see special observations.
B1239	Deficient 3·3% milk fat and contained 1·2% extraneous water.	See samples Nos. A7520 and A7521.
A7520	Deficient 4·3% milk fat and contained 4·3% extraneous water.	Prosecution and conviction. Fined £4 and £5 5s. costs.
A7521	Contained 4·3% extraneous water	
A7538	Deficient 6·6% milk fat	Also naturally poor in solids not fat.
A7544	Deficient 10·0% milk fat	Other samples naturally poor in solids not fat. Farmer written.
A7546	Deficient 1·6% milk fat and contained 4·6% extraneous water.	

TABLE 2—*continued.*

No.	Nature of Adulteration.	Observations.
A7555	Deficient 18·3% milk fat and contained 6·7% extraneous water.	See samples Nos. A7560 and A7561.
A7557	Contained 4·1% of extraneous water	Prosecution and conviction. Fined £8 and £2 costs.
A7591	Contained 4·0% of extraneous water	
A7558	Deficient 1·6% fat and contained 6·7% extraneous water.	See samples Nos. A7560 and A7561.
A7560	Contained 5·9% extraneous water	Prosecution and conviction. Fined £2 and £4 7s. costs.
A7561	Contained 14·0% extraneous water	
A7572	Deficient 18·3% milk fat	See special observations.
A7573	Deficient 13·3% milk fat	
A7581	Deficient 13·3% milk fat	
A7583	Deficient 8·3% milk fat	
A7584	Deficient 11·7% milk fat	
A7588	Deficient 20·0% milk fat	
A7589	Deficient 20·0% milk fat	
A7596	Deficient 38·3% milk fat	Prosecution and conviction. Fined 10s. and £1 1s. costs.
B1411	Deficient 5·0% milk fat	Formal samples genuine.
B1414	Deficient 11·7% milk fat	
A7651	Deficient 38·3% milk fat	Dismissed, Probation of Offenders Act, on payment of £3 3s. costs.
B1496	Deficient 18·3% milk fat	Also naturally poor in solids not fat.
B1499	Deficient 13·3% milk fat	Also naturally poor in solids not fat.
A7662	Contained 1·2% extraneous water	Prosecution and conviction. Fined £20 and £5 5s. costs.
A7664	Contained 4·8% extraneous water	
B1589	Deficient 10·0% milk fat	Also naturally poor in solids not fat.
B1590	Deficient 8·3% milk fat	
A7735	Deficient 20·0% milk fat	Prosecution and conviction. Fined £2 and £2 2s. costs.
B1845	Deficient 60·0% milk fat	Formal samples genuine.
B1847	Deficient 63·3% milk fat	
B1848	Deficient 26·6% milk fat	
A7806	Contained 2·6% extraneous water	Prosecution and conviction. Fined £15 and £5 5s. costs.
A7809	Contained 2·6% extraneous water	
A7810	Contained 2·8% extraneous water	
A7811	Contained 2·7% extraneous water	
A7812	Contained 2·7% extraneous water	

TABLE 3.

Adulterated Samples other than Milk.

No.	Description.	Nature of Adulteration.	Remarks.
B990	Sweetened cocoa	Contained 16·0% foreign starch.	See special observations.
B996	Seidlitz powder	Packets damaged by water.	Withdrawn from sale.
B1127	Lemon juice substitute	Unsatisfactory label	Manufacture ceased.
B1153	Self-raising flour	Contained only 0·13% total carbon dioxide.	Packers interviewed.
B1181	Tinned prepared meal	Unsatisfactory label	Packers written.
M29	Sugar	Contained 4% ground rice.	Formal sample genuine.
B1263	Margarine	Labelling offence	Shopkeeper cautioned.
B1272	Lemon substitute powder	Entirely devoid of vitamin "C" and unsatisfactory label.	See sample No. A7522.
B1279	Shredded beef suet with flour.	Deficient 2·4% fat	Vendor written.
A7522	Lemon substitute powder	Entirely devoid of vitamin "C" and unsatisfactory label.	See special observations.
B1318	Liquid egg substitute	Unsatisfactory label	See sample No. A7570.
A7570	Liquid egg substitute	Unsatisfactory label	Wholesaler cautioned.
B1357	Rice pudding powder	Unsatisfactory label	Packers interviewed.
B1389	Egg substitute powder	Deficient 82·5% total carbon dioxide.	See sample No. A7645.
B1419	Sweetening powder	Contained 3·2% saccharin	Ministry of Food offence. Reported to Food Control Committee.
B1469	Beef paste	Glass container not of authorised capacity.	No further action.
A7645	Egg substitute powder	Deficient 78·3% available carbon dioxide.	Dismissed, Probation of Offenders Act, on payment of £5 5s. costs.

TABLE 3—*continued.*

No.	Description.	Nature of Adulteration.	Remarks.
A7646	Nerve tonic	Unsatisfactory label	Packer ceased business.
A7647	Non-alcoholic cocktail	Unsatisfactory label	Packer ceased business.
B1556	Salad oil	Contained 90% mineral oil.	Formal sample could not be obtained.
B1571	Gelatine	Contained 540 p.p.m. excess sulphite preservative.	Stocks withdrawn from sale.
B1593	Ready Meal Stewed Steak	Unsatisfactory label	See sample No. A7703.
A7703	Ready Meal Stewed Steak	Unsatisfactory label	Prosecution and conviction. Fined £5 and £4 4s. costs.
B1684	Pork sausage	Contained 680 p.p.m. sulphite preservative and 9·7% excess meat.	See sample No. A7742.
A7742	Pork sausage	Contained 620 p.p.m. sulphite preservative and 9·5% excess meat.	Prosecution and conviction. Fined £3 and £3 3s. costs.
B1749	Sugar	Slightly contaminated with mouse excrement.	Remainder of stock satisfactory.
B1759	Emulsion of Cod Liver Oil with improved chemical food.	Unsatisfactory label	See sample No. A7785.
A7785	Emulsion of Cod Liver Oil with improved chemical food.	Unsatisfactory label	Dismissed, Probation of Offenders Act, on payment of £3 3s. costs.
A7779	Vitaminised lemon substitute.	Deficient 98·8% vitamin "C" and unsatisfactory label.	Fined £2 and £3 3s. costs.
B1860	Parrish's Chemical Food	Deficient 0·07% ferrous phosphate and 0·07% calcium phosphate.	Packers written.
B1951	Rice custard pudding powder.	Unsatisfactory label	Packers written.

Special observations on the more interesting samples reported as not genuine.

Milk—Samples Nos. B1160 to B1164 and Nos. A7476 to A7482 inclusive.

The first series represents five informal samples of accommodation milk taken on delivery to a Salford dairy. Upon analysis these gave the results indicated below :—

No.	Total Solids.	Fat.	Solids not fat.	Freezing Point (Hortvet)°C.	Added water per cent. Calc. on	
					S.n.F.	F.Pt.
B1160	11·70	3·30	8·40	—0·513	1·2	3·2
B1161	11·65	3·30	8·35	—0·505	1·8	4·7
B1162	11·40	3·00	8·40	—0·510	1·2	3·8
B1163	11·40	3·05	8·35	—0·505	1·8	4·7
B1164	11·70	3·30	8·40	—0·505	1·2	4·7

In view of these unsatisfactory figures formal samples were taken of the next delivery of accommodation milk from the same source. Seven samples were obtained, and these gave the following results :—

No.	Total Solids.	Fat.	Solids not fat.	Freezing Point (Hortvet)°C.	Added water per cent. Calc. on	
					S.n.F.	F.Pt.
A7476	12·35	4·12	8·23	—0·515	3·2	2·8
A7477	12·37	4·10	8·27	—0·515	2·7	2·8
A7478	12·01	3·70	8·31	—0·513	2·2	3·2
A7479	12·02	3·70	8·32	—0·510	2·1	3·8
A7480	11·99	3·70	8·29	—0·512	2·5	3·4
A7481	11·42	3·05	8·37	—0·513	1·5	3·2
A7482	11·97	3·70	8·27	—0·510	2·7	3·8

The amounts of extraneous water indicated above are calculated on the minimum presumptive standard of 8·5% solids not fat of the Sale of Milk Regulations, 1939, and on an extreme freezing point of —0·530°C. In view of the fact that this was bulked milk obtained from a large manufacturing company, its composition should have been considerably better than the minimum standard and should have approached the average obtained for all samples of milk, *i.e.*, fat 3·6 per cent., solids not fat 8·7 per cent., with a freezing point of approximately —0·545°C. The expression " accommodation milk " refers to milk which a dairyman is allowed to obtain from a source other than his normal supply in order to make up a deficiency in his quota from his normal supply.

In view of the consistent poor quality of this supply and the large quantity of milk involved (the seven formal samples above represents 84 gallons), legal proceedings were instituted against the suppliers of the formal samples. The summonses, however, were withdrawn before the hearing owing to the fact that the defendants were in a position to prove that the milk was not invoiced to the Salford dairy but to another firm whose name appeared in their books as purchasers of the milk. Although the carrier made no mention of this at the time of sampling, it was felt that it would be impossible to prove to the satisfaction of the Court that the Salford dairy were the true purchasers of the milk in question.

Milk—Samples Nos. A7572, A7573, A7581, A7584, A7588 and A7589.

The first two samples were of bottled milk procured from an Eccles dairy company in the Salford area. The remaining five samples were part of a batch of 14 samples from one consignment of milk from the farmer supplying the dairy company. The above samples were found to contain the following percentages of butter fat—2·45, 2·60, 2·75, 2·65, 2·40 and 2·40 respectively, these figures correspond to percentage deficiencies in fat of 18·3, 13·3, 13·3, 8·3, 11·7, 20·0 and 20·0 respectively. Several of these samples, in addition to other samples taken from the same batch, were also deficient in solids not fat but they had normal freezing points, indicating that the milk was naturally poor in solids not fat. This, of course, raised the presumption that some of the fat deficiencies might be due to natural causes. It should be pointed out, however, that if the whole of the 14 samples taken on delivery from the farmer had been bulked and evenly mixed the fat content of the mixture would have been 3·25 per cent., a figure within the presumptive limit of the Sale of Milk Regulations, 1939. The farmer has been communicated with and asked to take steps to improve the quality of the milk yield of his herd and to mix the bulk milk and " strippings " as evenly as possible at each milking.

Sweetened Cocoa—Sample No. B990.

This informal sample was found upon analysis to contain 0·1 per cent. of saccharin and 16 per cent. of foreign starch of the nature of wheat and rice starch. Starch has, of course, no sweetening properties, and in view of the fact that no declaration of its presence was made on the label it must be regarded as a foreign ingredient. A representative of the firm was interviewed, and it transpired that sweetening powder (containing starch) had been bought and mixed with the cocoa and it was not realised that any further declaration beyond the word " sweetened " was required. The packers have now agreed to relabel this product with a declaration as to its full composition.

Lemon Juice Substitute—Sample No. B1127.

This informal sample of prepacked lemon juice substitute bore a label which, besides giving directions for its use, etc., stated that " two teaspoonsful equal one squeezed lemon," and in addition the word " substitute " was printed in letters very much smaller in size than those of the words " lemon juice." Although only a small amount of the product was available for analysis it was proved that vitamin " C," if present at all, was only present in an extremely small amount (7 mgms. per 100 mls.). In order that the words quoted above should be strictly correct the product should have contained 20 mgms. of vitamin " C " in 7 mls. of the liquid. The attention of the packers has been drawn to this label and in a written reply they stated that the label had been withdrawn for several months and that production of this commodity has now ceased. A copy of the amended label which had been approved by the Ministry of Food was also enclosed with the letter.

Lemon Substitute Powder—Samples Nos. B1272 and A7522.

These are informal and formal samples respectively of the same product, which bore on the packet the words " One packet of ——— equals the juice of 12 lemons," and " ——— is equal to the most highly concentrated extract of lemon juice in powder form, and contains many valuable vitamins." Both samples were the same and consisted entirely of citric acid ; no vitamin " C " being present although natural lemon juice is rich in this vitamin. The contents of one packet weighed approximately 12·5 gms. An average lemon contains about 40 gms. of juice with an average citric acid content of 7·5 per cent. ; the juice of 12 average lemons would therefore contain 36 gms. of citric acid. On this basis the deficiency in citric acid in one packet is 65 per cent. Both the above statements appearing on the label were therefore incorrect and legal proceedings were instituted. At the hearing the representatives of two firms of wholesalers were before the Court, but it had not been possible to serve summonses against the packers as the Company was now dissolved and the whereabouts of the former directors were unknown. The Stipendiary Magistrate was satisfied from the evidence that responsibility for the label in question rested with the packers and that the wholesalers concerned had exercised due diligence in obtaining warranties before dealing in this product. He, therefore, dismissed the summonses against both wholesalers. No order as to costs was made.

Liquid Egg Substitute—Samples Nos. B1318 and A7570.

These were informal and formal samples respectively of the same brand of liquid egg substitute purchased by your sampling officer from a retail shop which were found upon analysis to consist of 2·4 per cent. of gummy matter derived from cellulose, 1·4 per cent. of sodium bicarbonate and traces of oil and colouring matter ; the remainder of the samples, 95·7 per cent., consisted of water. The gum and colouring matter formed a viscous liquid very similar in appearance to liquid whole egg but without any of the nutritional value of egg. The average composition of whole egg (shelled) is approximately : moisture

73·7 per cent., protein 14·8 per cent., fat 10·1 per cent., ash 1·0 per cent. and organic phosphoric acid 0·38 per cent. In addition to having practically no nutritional value the above samples only contained very small amounts of substances with aerating properties, and therefore did not compare favourably with even pre-war types of egg substitute powder which contained at least 8 per cent. of total carbon dioxide. Directions on the label stated : " Use one good teaspoonful where you would use one egg." This statement, in view of the true nature of the product was undoubtedly very misleading.

As the result of enquiry it was ascertained that the Ministry of Food had refused to licence this product under the Food Substitutes (Control) Order, 1941, for retail trade.

The wholesaler has stated that his salesmen were instructed not to sell the egg substitute to retailers. A mistake, however, was apparently made and the substitute was sold to a retailer. A letter of caution was sent by the Town Clerk to the wholesaler concerned and all stocks have been withdrawn from sale.

Rice Pudding Powder—Sample No. B1357.

This informal sample was obtained in a carton on which appeared the words " ——— vanilla flavoured rice pudding powder." Upon examination it was found that the starch present did not consist entirely of rice but it was a mixture of wheat and rice. Wheat starch is not normally a constituent of rice pudding.

A representative of the packers has been interviewed and he has agreed to delete the words " rice pudding " from the present carton and to submit copies of a proposed new label for future batches of this commodity.

Egg Substitute Powder—Sample No. B1389.

This informal sample was found upon analysis to contain only 1·4 per cent. of total carbon dioxide. Egg substitute powders of the coloured baking powder type, of which this sample is an example, should contain at least 8 per cent. of total carbon dioxide. In view of the fact that this product bore a Ministry of Food licence the Food Substitutes Control of that Ministry has been communicated with, and it transpired that the formula for which the the licence was granted would yield a much higher proportion of carbon dioxide than that indicated above.

Egg Substitute Powder—Sample No. A7645.

This is a formal sample corresponding to the informal sample No. B1389. This sample also was deficient in carbon dioxide, the amount of available carbon dioxide being 1·3 per cent., or total carbon dioxide 1·4 per cent. The usual trade standard is a minimum of 6 per cent. available CO_2, or 8 per cent. total CO_2. These amounts correspond to deficiencies of 78·3 per cent. available CO_2, or 82·5 per cent. of total carbon dioxide.

Enquiry from the manufacturers showed that they had some time before circulated their wholesalers to withdraw this material from sale and that the wholesalers concerned with this particular parcel had not carried out this request. Under these circumstances the wholesalers were prosecuted, but in view of their reputation over a long period of time and the circumstances of the matter generally the summonses were dismissed under the Probationer of Offenders Act on payment of £5 5s. costs.

Non-Alcoholic Cocktail—Sample No. A7647.

This formal sample, taken as the result of a complaint, from a consignment delivered to a licensed house in this City, was found upon analysis to contain 99·8 per cent. water, 0·15 per cent. phosphoric acid, 0·05 per cent. saccharin and colouring matter, etc. It was simply coloured and flavoured water and was not genuine non-alcoholic cocktail, which should, in my opinion, contain appreciable amounts of fruit juice with or without the addition of milk. The sample was coloured and flavoured to resemble raspberry, and the label which depicted a variety of fruits was, in my opinion, calculated to mislead as to the nature of the contents. The retail price of this product was stated to be 3s. 6d., whereas the contents of the bottle probably cost only about 1d. Instructions were issued to institute legal proceedings against the packers of this commodity, but on enquiry it was ascertained that the business premises were no longer tenanted and it has not been possible to trace the manufacturer.

Nerve Tonic—Sample No. A7646.

This formal sample was the product of the same firm who packed the " Empress " cocktail, Sample No. A7647, and this sample was also taken under the same circumstances at the same licensed house in this City. The sample had the following composition : water and traces of chloroform and other flavouring substances, 99·78 per cent., phosphoric acid 0·15 per cent., quinine 0·02 per cent., iron 0·004 per cent., saccharin, colouring matter, etc., 0·046 per cent. Its composition approximated very closely to that of the " Empress " cocktail with the addition of very small amounts of quinine and iron. The amounts of quinine and iron were equivalent to 0·088 grain and 0·018 grain per ounce respectively. This amount of iron is insignificant and 11 ounces of the product would have to be consumed to obtain a minimum medicinal dose, *i.e.*, one grain, of quinine. I am, therefore, of the opinion that the sample was practically useless as a tonic and that the statements included in the label on the bottle, *i.e.*, " the finest nerve stimulant " and " quinine, iron, phosphates, tartrates and delicious fruit essences " are calculated to mislead as to the nature of the product. The price indicated on the bottle was 4s. 6d., including purchase tax, whereas the cost of the quinine in the 24 ounces of liquid in the bottle was only about ½d. It has not been possible to institute legal proceedings against the packers for the reason given in connection with the preceding sample.

Ready Meal-Stewed Steak—Samples Nos. B1593 and A7703.

These represent informal and formal samples respectively of the same product. Upon analysis the samples were found to contain 35 per cent. and 36 per cent. respectively of meat, the remainder consisting in both cases of vegetables, etc., including carrots, beans and potatoes. The labels on the tins contained the words " Ready Meal—Stewed Steak," and declared, " This product is made from choice meats and complies with the statutory requirements of the Ministry of Food." The labels gave no indication to a purchaser of the presence of vegetables. Legal proceedings were instituted against the packers with regard to the formal sample No. A7703 and a fine of £5, together with £4 4s. costs, was imposed.

Pork Sausage—Samples Nos. B1684 and A7742.

These are informal and formal samples purchased on the same day from a retail pork butcher. Upon analysis they were found to contain respectively 680 and 620 p.p.m. of sulphite preservative expressed as sulphur dioxide and 54·7 per cent. and 54·3 per cent. of meat. No declaration of the presence of preservative was given with these samples, although sausages are one of the commodities named in the Public Health (Preservatives, etc., in Food) Regulations, 1925-1940, which require a written declaration of the presence of preservative. The maximum amount of preservative permitted by the regulations when a declaration of its presence is given is 450 p.p.m. of sulphur dioxide. In view of the fact that no declaration was given with the said samples sulphite preservative should have been entirely absent.

The sausages also contained an excess amount of meat in that the Meat Products and Cooked Meat (Control and Maximum Prices) Order, 1942, limits the meat content of sausages to not less than 30 per cent. and not more than 45 per cent. Comparison with these figures shows the said samples to contain respectively 9·7 per cent. and 9·5 per cent. of meat in excess of the maximum permitted limit.

Two summonses were issued in connection with the formal sample No. A7742 ; the first under the Food and Drugs Act in respect of the presence without notice of sulphite preservative in the sample, and the second under the Meat Products and Cooked Meats (Control and Maximum Prices) Order, 1942, made by the Minister of Food, in respect of the presence of more than the maximum permitted amount of meat. These summonses were both heard before the City Stipendiary Magistrate on the 9th November, 1942, when the defendant pleaded " guilty," and was fined £1 under the first summons and £2 together with £3 3s. costs under the second summons (£6 3s. in all).

Vitaminised Lemon Substitute -Sample No. A7779.

The label on the original bottles from which this formal sample was taken stated : " Highly vitaminised," " This product is rich in vitamin 'C '," " each bottle contains the equivalent of ten fresh lemons," and " one teaspoonful of ——— with seven of water equals app. one lemon." Upon analysis the sample was found to contain 6·9 per cent. citric acid and only 0·6 milligrams of vitamin " C " per 100 grams of the sample. One bottle of the commodity contained approximately 32 grams of liquid of the above composition. An average lemon yields about 40 grams of juice which contains approximately 7·5 per cent. citric acid and 50 milligrams of vitamin " C " per 100 grams of the juice. The said sample was therefore deficient in vitamin " C " to the extent of 98·8 per cent., and one bottle of the preparation was only equal approximately to the juice of one lemon in citric acid content instead of 10 lemons as stated on the label. It follows that all the statements on the label quoted above are incorrect. The stock from which this sample was obtained had been bought by the vendor, a butcher, at an auction sale of a grocer's stock, and had not been supplied by the original packers who now label their product " lemon flavouring " without reference to any other claims. Proceedings were instituted against the butcher who pleaded " guilty " and was fined £2 and £3 3s. costs (£5 3s. in all).

Rice Custard Pudding Powder—Sample No. B1951.

This informal prepacked sample was sold in a packet bearing an emergency label which only stated the name and price of the product and the directions for its use. No other information as to the ingredients of the product was given on the label. Upon analysis it was found to consist of a mixture of starches with colouring matter and was entirely devoid of egg. Similar products sold by other manufacturers under names, including the word " custard," and which do not contain eggs, invariably bear the declaration " made without eggs " or " does not contain egg." The packers were, therefore, communicated with and asked to bring their label into line with those of other makers. In their reply they stated that this particular product was withdrawn from sale some considerable time ago in order to comply with a Ministry of Food Order ; the Sampling Officer has since ascertained that the shopkeeper obtained his stock over twelve months ago and that the remainder has now been withdrawn from sale.

PHARMACY AND MEDICINES ACT, 1941.

This Act, the provisions of which came into force during the years 1941 and 1942, may be cited with the Pharmacy and Poisons Acts, 1852 to 1933, as the Pharmacy and Poisons Acts, 1852 to 1941. It amends the Pharmacy and Poisons Act, 1933, with regard to the conditions to be complied with by sellers of poisons, places restrictions on the sale of medicines by unauthorised persons, repeals the medicine stamp duties, prohibits advertisements relating to certain diseases and abortion and required the disclosure of the composition of medicines. Sections 8 and 9 are the sections dealing with advertisements and Section 11 states the information which must be printed on the label as to the composition of medicines ; the provisions of these three sections are to be enforced by the Pharmaceutical Society and by Food and Drugs Authorities. Section 11 is of particular interest to the general public and to Food and Drugs Authorities in that the vendor of any article " recommended as a medicine " must now declare on the label the appropriate designation of the substance, or of each of its active constituents, or of each of its ingredients ; in the latter two cases the appropriate quantitative particulars of the constituents or ingredients must also be stated. Briefly the expression " appropriate designation " means either (i) the name given in the Poisons List of the Pharmacy and Medicines Act, 1935, (ii) or, the name given in the British Pharmacopæia or British Pharmaceutical Codex, (iii) or, if the name of the substance is not included in the above publications, its accepted scientific name. As a result of this new legislation, any purchaser of a medicine is made aware of the nature and amounts of its ingredients, and it is possible to ascertain by analysis whether the product actually conforms to the declaration. One prosecution has been taken during the year under this section of the Act, and details are given below :—

Cream Emulsion of Cod Liver Oil with improved Chemical Food. Samples Nos. B1759 and A7785.

These are informal and formal samples respectively of the same product which were found upon examination to both contain 32·3 per cent. by volume of Cod Liver Oil and 1·1 per cent. of mineral matter consisting of phosphates of iron, calcium, etc. No declaration of the amounts present was given on the label. The four Cod Liver Oil Emulsions of the British Pharmacopæia and British Pharmaceutical Codex contain 50 per cent. by volume of Cod Liver Oil with the exception of Emulsion of Cod Liver Oil and Creosote, which is used for a specific purpose and which only contains 33 per cent. by volume of Cod Liver Oil. The sample under discussion is not an official preparation of the B.P. or B.P.C., and as it contains a smaller amount of Cod Liver Oil than the latter preparations it is highly desirable that its exact composition should be declared on the label. The fact that the label in this case referred to the tonic value of the preparation and stated the dosage left no doubt that the substance was intended as a medicine and that the above-mentioned requirements of Section 11 should have been complied with. In view of the importance of the adequate labelling of medicinal preparations which are not official in the B.P. or B.P.C. legal proceedings were instituted against the vendor of sample No. A7785. At the hearing of the case on the 14th December, 1942, the defendant pleaded " not guilty," but the Stipendiary Magistrate said he was satisfied that there must be a conviction. In view, however, of the fact that this section of the Act only came into force on the 1st July last and that the defendant's previous record was a good one, the summonses were dismissed under the Probationer of Offenders Act on payment of £3 3s. costs.

MATERNITY AND CHILD WELFARE AND THE SUPERVISION OF MIDWIVES.

It has been difficult to maintain the pre-war standard of work in the Maternity and Child Welfare Department during 1942. All members of the staff, medical, nursing and clerical, have, as the war has progressed, been required to undertake extra duties.

The regular and systematic visiting of homes by Health Visitors—which is regarded as the most important part of their work—has been greatly handicapped during the year by shortage of staff. 486 working days were lost due to an unusually high sickness rate, and 237 working days were lost owing to the difficulty experienced in replacing Health Visitors who had retired or resigned.

Conditions in an industrial area like Salford call for the highest efficiency in the Health Visiting staff. Special supervision and extra visiting are essential for reasons varying from indifference to gross neglect and ignorance. In far too many cases this makes the educational work (which is the truly all-important and lasting in its effects) of the Health Visitor difficult.

The Department is responsible for the supervision of a child population of 10,830 in the age group 0 to 5 years, and even a full staff of fifteen Health Visitors is barely adequate to undertake all the home visiting and other duties that are really required. With a depleted staff it is particularly undesirable that Health Visitors should be diverted to other functions.

Among the extra duties placed upon Health Visitors during 1942 was a special Diphtheria Immunisation Campaign, which was carried out in accordance with Circular 2713 issued by the Ministry of Health. The Ministry urged that efforts must be made by all local authorities to increase the percentage of pre-school children immunised against diphtheria, and that, in order to do this, Health Visitors must, if necessary, be relieved of other duties. They were to concentrate solely on the visiting and revisiting of children who had not been immunised in an endeavour to obtain the parents' consent to having their children protected against this dangerous disease.

Another addition to the work of the Health Visitors was the formation of a special register of " daily minded " children who require much more frequent visiting than children living under ordinary conditions. There are approximately 440 " daily minded " children in Salford.

Maternity and Child Welfare Clinics.

The attendances at the various clinics and centres showed a considerable increase as compared with 1941. The greatest increase has been at the Seedley Centre, and it has been decided to hold another session per week at this centre during 1943. Of the seven buildings in which Maternity and Child Welfare Clinics and Centres are held, only one was originally built for this purpose, the remainder are housed in premises which are unsuitable and inadequate for the work. There is no doubt that public health work in Salford is gravely injured by present unsuitable premises, and one of the first tasks in the post-war world to which we must address ourselves is the provision of simple but efficient clinic premises.

Infant Mortality.

The high infant mortality rate for Salford is a fact to which I would draw your urgent attention. The average for the last five years has been 80 ; in 1942 it was 77. All will agree that the saving of child life and health is of supreme importance. All national effort, including the nation's gigantic war effort, can be regarded as a struggle to safeguard the future. All that can be done for child health is a direct contribution to the welfare of the nation—for adults as well as children. There is strong proof that measures effecting substantial reductions in infant death rates have a beneficial effect on the general health of the whole community.

Owing to the trend of smaller families, and ageing population and the loss of lives as a direct result of war, every life is more precious, and all means of securing the preservation, enhancement and restoration (where necessary) of child health are more urgent.

It is reasonable to assume that there is now a higher birth rate and will be in the future " when the boys come home," thus making the problem of the preservation and enhancement of child health a bigger one in size. It would seem wise to plan for this extra work now.

One of the best yardsticks of measurement of child health is the infant mortality rate. This rate is a convenient expression of the number of infants born alive who die before reaching their first birthday, for every thousand live births. The infant mortality rate for England and Wales in 1942 was 49 per thousand births ; this figure was the lowest on record. In the same year, the average of 128 large towns was 59. Several large cities (*e.g.*, Bristol) have had recent rates just below the forties.

All the more striking is the persistent high infant mortality of districts in the north-west region, *e.g.*, in Salford, taking an average over the five full peace years 1934 to 1938 (peace years are taken in order to eliminate the possible influence of special war factors), the rate was 84. The figures these rates represent are so large over the period of five years that the usual statistical fallacies and chance variations are largely eliminated. During the same period, the average rate for England and Wales was 57 and for the 128 large towns 61.

The low national rate, culminating in the record rate of 49, compared with Salford's 77 accentuates the disquieting local figures, and consequently the need for recognition of the situation and community action. This area appears to be a " black spot " and, therefore, an area which might be expected to yield results to enquiry.

In spite of the persistent high rates, there is a certain amount of complacency and indifference, and a fatalistic acceptance of schemes as they are has been engendered. One detects little public recognition of the north-west mortality rates. The loss of life and waste of health should stir to action and act as a challenge. Experts say that the problems associated with high infant mortality rates are susceptible of solution. Estimates by competent pediatricians suggest that 30 per cent. to 50 per cent. of the dealths are preventable.

If " preventable," why not " prevented " ?

Consideration of the American rates suggest that this assumption is correct. One takes the combined death rate of New York, Philadelphia and Detroit, where there is a total population of fourteen millions. (These large figures tend to eliminate statistical fallacies). In 1938 the infant death rate was 38 per thousand. Chicago—which had an infant mortality rate approximating to our own in 1925, namely 74—in 1938, this figure had been reduced to 34. This is all the more striking as, in Chicago, a large proportion of the population consists of races where child care is not a prominent feature ; *i.e.*, 10 per cent. of Chicago population is negro, in addition to other races which are not noted for the care bestowed on the children, and where most of the usual reasons which are given as causes of infant mortality (such as bad housing) operate to a comparable extent to those obtaining here.

Infant mortality rates in countries such as New Zealand, Australia, Holland were, in 1938, in the thirties.

What are the factors responsible for persistent high infant mortality rates in Salford, rates which were general elsewhere twenty years ago ? It is easy to give the usual replies—bad housing, overcrowding, poor mothercraft, poverty, malnutrition, hereditary factors. Many people cite one single cause, others give a combination of these causes. Replies frequently differ and, when facts and figures in support of the various " causes " are asked for, few or none are forthcoming. It is obvious that this subject is one of great human and scientific interest and would well repay close study.

One feature of American effort to reduce infant mortality is an effective service for premature babies. Similar services in this region are woefully inadequate. (Let no one advance the argument that these lives may not be as valuable as those of normal babies, for, as we have been recently reminded, Sir Isaac Newton and Darwin were both prematurely born).

Salford has a tradition to maintain because, eighty years ago, Manchester and Salford Ladies' Public Health Society led the world in appointing the first Health Visitor to care for infant life.

Study of this problem would have to be whole-time—both concentrated and inclusive of social and other factors. Health staffs at present make routine investigations into each infant death, but those enquiries are not as intensive and scientific as is necessary. Any enquiry which takes place should be on a scale wider than that of Local Government boundaries, as the problem of child mortality and morbidity in this area itself ignores boundary lines on the Local Government " map." With the inclusion of larger areas the results of enquiries, statistical data, etc., would have greater significance.

There is need for co-operation of all existing services and agencies which have child health as their aim. In this area at present, what co-ordination of effort in attacking this problem of child health is there between the children's hospital authorities, the general practitioner, and officers of the School Medical and Maternity and Child Welfare Services ? What research or enquiry is being carried on at present into problems of prematurity, which causes half the deaths occurring in the first month of life ? Even the elemental necessity of co-operation between obstetrician and pediatrician, which is so necessary, is absent in many parts of the country.

Apart from all our local efforts, there is need for co-ordinated research and exchange of ideas which would provide opportunity for post-war planning of a very practical type. A survey could take place of problems on which joint action between authorities would be beneficial. So often in public health work, one comes across need for various services, *e.g.*, recuperation or recovery homes after confinement, institutional provision for various types of defect—physical and mental—of " problem " children, certain forms of rehabilitation, in which it might be foolish and wasteful for one authority to make separate provision.

Two projects which would be very much worth while can be given as examples :—

(*a*) The provision of a Human Milk Service on lines similar to the Regional Blood Transfusion Service. At present, there are no facilities whereby, when breast milk is urgently wanted for a premature child, it can be obtained. The position regarding the supply of human milk compares very badly with that of the Regional Blood Transfusion Service, where one can obtain promptly the necessary quantities of blood to administer to a casualty or civil patient. In London, this milk can be readily obtained: why not in Salford? A similar service at the Queen Charlotte's Maternity Hospital, London, serves a wide area, districts as distant as Devon being included. The provision of such a service might well save many lives now lost.

(*b*) In a disease of new-born infants, Hæmolytic Anæmia of the New-Born, it is important to give rhesus-negative blood. This is a life-saving measure. At present, there are no organised facilities for securing this blood. (Only 15 per cent. of the population have rhesus-negative blood). A panel of donors could be organised to serve the whole regions.

These two projects are typical of others which can best be evolved under co-ordinated plans, such as an Institute of Child Health, might well foster.

The causes of death stated on the certificate are sometimes of little help; merely describing conditions such as congenital debility, prematurity, etc., does not help us very much to know the precise factors which were "cause" of the cause of death.

I give an analysis in tabular form of these infant deaths, both in respect of the cause of death and in the wards in which these deaths occurred. This is but the first step towards further study:—

DEATHS OF CHILDREN UNDER ONE YEAR, 1942.

CAUSES AS STATED ON DEATH CERTIFICATE.	Albert Park.	Charlestown.	Claremont.	Crescent.	Docks.	Kersal.	Langworthy.	Mandley Park.	Ordsall.	Regent.	St. Matthias's	St. Paul's.	St. Thomas's.	Seedley.	Trinity.	Weaste.	Total.
Prematurity	2	3	4	5	4	—	4	1	5	5	4	2	5	2	2	2	50
Congenital Debility	4	3	3	4	2	2	4	3	2	5	3	3	5	2	2	2	49
Marasmus	—	1	1	1	—	—	—	1	1	1	—	1	—	—	—	1	8
Gastro-Enteritis	2	4	2	5	2	1	1	4	3	4	5	6	—	1	3	2	45
Respiratory Diseases (Pneumonia and Bronchitis)	3	3	4	6	4	1	2	7	3	3	4	—	4	1	2	2	49
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Miliary Tuberculosis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Tubercular Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Pemphigus Neonatorum	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Measles	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	2
Causes	1	—	1	1	1	—	1	—	1	1	1	—	1	—	—	2	11
Totals	12	16	15	22	13	6	12	16	15	19	17	12	15	6	12	13	221

DEATHS OF INFANTS UNDER ONE YEAR, 1942.

Causes of Death, as stated on Certificate.	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Total
Prematurity	48	2	—	—	—	—	—	—	—	—	—	—	50
Congenital Debility	37	5	5	—	1	1	—	—	—	—	—	—	49
Marasmus	6	—	2	—	—	—	—	—	—	—	—	—	8
Gastro-enteritis	11	7	10	5	2	7	1	—	1	1	—	—	45
Respiratory Diseases (Pneumonia and Bronchitis)	13	8	2	3	3	5	3	2	3	4	3	—	49
Pemphigus Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	2
Laryngeal Diphtheria	1	—	—	—	—	—	—	—	—	—	—	—	1
Miliary Tuberculosis	—	—	—	1	—	—	—	—	—	—	—	—	1
Tubercular Meningitis	—	—	—	—	—	—	—	—	—	1	—	—	1
Meningitis	1	—	—	—	—	—	—	—	—	1	—	—	2
Measles	—	—	—	—	—	1	—	—	1	—	—	—	2
Other Causes	4	1	—	1	1	2	—	—	—	—	2	—	11
Totals	123	23	19	10	7	16	4	2	5	7	5	—	221

NEONATAL DEATHS.

Year.	Prematurity	Congenital Debility	Marasmus	Gastro-Enteritis	Respiratory Diseases	Other Causes	Totals
1935	63	22	1	5	11	13	105
1936	49	33	3	10	12	12	119
1937	45	49	2	7	15	11	129
1938	42	25	5	9	19	27	127
1939	43	35	5	4	13	25	125
1940	43	39	1	7	20	11	121
1941	36	34	4	12	19	10	115
1942	48	37	6	11	13	8	123

Gas and Air Analgesia.

In September, 1942, the Health Committee approved a scheme for training Municipal Midwives in the use of "Minnitt's" Gas and Air Apparatus, for the administration of obstetric analgesia to women confined in their own homes. It was decided that this training should be given at Hope Hospital and that neighbouring local authorities should be invited to send condidates.

Municipal Midwifery Service.

During the year, 1,342 births were attended by midwives alone and 128 were attended by doctors with midwives acting as maternity nurses. This gives an average of 66·8 cases per midwife, if each midwife employed by the Council had been on duty seven days a week and fifty-two weeks in the year. This figure does not give a true impression of the amount of work done by a midwife. The Municipal Service was established to improve the standard of domiciliary midwifery. Much more is expected of the midwife now that she is an employee of the local authority than was demanded when she was in private practice, *e.g.*, there is no regulation compelling a midwife in private practice to make more than one daily visit during the lying-in period, unless she finds some abnormality at the morning visit. Municipal midwives, on the other hand, must make two daily visits for the first three days of the puerperium and one daily visit thereafter. Midwives must now by law visit for 14 days during the puerperium instead of for 10 days. A higher standard of ante-natal care is demanded for the municipal midwife than was given by the midwife in private practice. Local authorities must see that midwives employed by them get adequate holidays and "off duty time." The midwife in private practice is always "on call," and can never be sure of getting time for rest and recreation.

In Salford, each midwife is allowed 28 days annual leave, so that with a staff of 22, there is always at least one midwife on holiday. The following is a statement of the amount of work undertaken by a municipal midwife for each case :—

(1) *Booking of Case.*—This includes taking and writing the patient's obstetric history, discussing her health, giving advice as to her mode of life, clothing, diet, etc., and acquainting her of the various facilities provided by the Council and the State for her own benefit and that of her child. An examination may be made at this or the next visit.

(2) *Ante-Natal Visits.*—Monthly visits are made until the seventh month of pregnancy, fortnightly visits during the eighth month and weekly visits during the last month. The urine is tested at each visit.

(3) *Delivery.*—The average time spent at a delivery is 5½ hours, but may be as long as 24 or even 36 hours. The midwife is frequently called out for "false alarms" by over-anxious patients or their friends. This usually happens during the night.

(4) *Lying-in Period.*—A minimum of 17 visits is paid to each case during this period and the minimum time taken for a visit is one hour. Six of these visits are paid during the first three days and these frequently take longer than one hour.

Midwives are now booking cases as early as the third month of pregnancy. In such cases, therefore, the minimum number of visits paid would be 27.

The above statement gives the amount of work done in a normal case. If any abnormality occurs, more and longer visits will be required. The midwife will have to call in a doctor, carry out his instructions as to treatment, etc., possibly pay a visit to the Health Department, and in cases of infection, disinfect her person, clothing and equipment.

In addition to the work directly connected with the patient, each midwife is required to :—

(1) Collect fees from patients and pay them in at the Health Department at least once a week.

(2) Spend one afternoon per week at the Health Department, preparing dressings, masks, etc.

(3) Attend an ante-natal session at a clinic not less than twice each month.

Since the outbreak of war, midwives' work has been made no easier by black-out conditions, etc., and also by the fact that their ordinary clerical work, which is considerable, has been made heavier by the various priority forms which must be signed in every case.

Whilst it is possible to express a midwife's work in terms of " hours per day," this is not a true measure of her work. It is in the nature of maternity work that it fluctuates and far from occurring at the regular rate of 1½ to 2 births per week, there are certain periods when a midwife may have 5 or 6 deliveries in one week. Experience has shown that it is usual for all of the midwives to be busy at the same time. It is essential that there shall be sufficient staff to provide for the busy periods, and the present number of midwives in Salford is barely sufficient to maintain the standard of midwifery expected of them. It is during the less busy periods that most of the ante-natal visiting is done.

An additional ward is now open at Hope Hospital, but so far this has not reduced the number of cases being booked by the domiciliary midwives. Expectant mothers, who have had previous normal confinements, are still being refused admission to the hospital because of lack of accommodation.

The following notifications were received from domiciliary midwives during the year :—

Medical assistance	765
Contact with infectious disease	4
Stillbirths	26
Infant deaths	15
Artificial feeding of infants	37

Ophthalmia Neonatorum.

Eleven cases were notified during the year. One was removed to Manchester Eye Hospital for treatment. One case was notified from Hope Hospital and one was born in a private nursing home.

Pemphigus Neonatorum.

Nine cases were notified during the year. Of this number, five were midwives' cases delivered at the patient's own home, and two occurred in Hope Hospital. One case occurred in the practice of a medical practitioner and one was notified from Ladywell Hospital.

Puerperal Pyrexia.

Fifty-two cases were notified during the year—

34 cases occurred in Hope Hospital.

15 cases occurred in the domiciliary practice of midwives (9 were removed to hospital).

2 cases occurred in the practice of doctors (2 were removed to hospital).

1 cases occurred in Salford Royal Hospital.

All district cases were thoroughly investigated by the non-medical Supervisor of Midwives and every precaution taken to prevent the spread of the disease. This includes the temporary suspension of the midwife, disinfection of her person, bag and clothing, and the careful supervision of other cases then being attended by her.

Maternal Deaths.

There were eleven maternal deaths of Salford women during 1942. The causes of death were as follows :—

1. Bilateral Cortical Necrosis of Kidney.
2. Pulmonary Embolism. Phlebitis of Leg.
3. Broncho Pneumonia. Heart Failure. Mitral Stenosis Pregnancy.
4. Acute Myocardial Degeneration. Albuminuria and Anæmia. Induction performed in hospital.
5. Maternal exhaustion. Post-partum Hæmorrhage and Uterine Inertia.
6. Chorea Gravidarum. Rheumatic Endocarditis.
7. Toxæmia. Spetic Abortion.
8. Uræmia. Chronic Nephritis.
9. Shock and Hæmorrhage following Ruptured Ectopic Pregnancy.
10. Septic Abortion. Broncho Pneumonia.
11. Heart Failure. Mitral Stenosis.

In three cases a post-mortem examination was made.

WAR-TIME NURSERIES.

By the end of 1942, eight war-time nurseries had been opened in the City, and plans made to open a further seven during 1943. The increased administrative work made it necessary to approach the Ministry of Health for permission to appoint a Supervisor of War-time Nurseries, and in July last Miss L. Holliday was appointed to this post. In December, 1942, Dr. E. P. Brown was appointed for two sessions per week to undertake the medical inspection of children attending the nurseries. This work had previously been done by the Maternity and Child Welfare Medical staff in addition to their ordinary duties.

The urgent need for nurseries as a war-time measure is proved by the fac that the nurseries are always full and that each one has a long waiting list. The advisability of continuing and extending the nursery scheme as a peacetime feature of maternity and child welfare work is shown by marked improvement in the health and well-being of those children who have been fortunate enough to secure a place in the nurseries.

HOPE HOSPITAL.

General.

The year 1942 has been a significant one for the Hospital in the record of its recovery from the devastating damage sustained by enemy action at the end of 1940. Increasing demands on the Hospital services were made by the public throughout the year, and although restricted accommodation unfortunately necessitated a limitation of its activities in certain directions, the Hospital on the whole was able successfully to meet the requirements of those patients applying for treatment. This was only accomplished by making the fullest use of the beds available for the treatment of in-patients and supplementing this with the most complete utilisation of the facilities available in the various out-patient clinics. In spite of the reduced bed accommodation and staff numbers, the Hospital was called upon to deal with an increasing number of acute cases, and met this challenge so successfully that the record of things done show figures which surpass anything previously accomplished in the history of the Hospital in regard to number of operations, X-ray examinations, laboratory investigations, and out-patient clinic consultations. These facts point to a change in the nature and character of the type of sickness which the Hospital is being called upon to treat, an increase in the proportion of acute cases and a relative diminution in the proportion of chronic or less active cases.

This must not be interpreted as an indication of a decrease in the needs of the chronic sick. It was due to the unpleasant necessity of denying admission to certain chronic cases, owing to the limited bed accommodation available. This painful duty of restricting admission arose not only in regard to chronic cases, which are in the main elderly, but in the early part of the year also had to be applied to the maternity department. The situation was later relieved in regard to the maternity cases when Ward A. 3 was re-opened in October, but it must not be forgotten that these additional beds sufficed only to obviate the dangerous overcrowding in the maternity department, and the admission of maternity cases had still to be limited to primigravida and porentially abnormal cases. It is sad to record that patients desiring treatment and having been recommended by their private doctors for admission had still to be turned away from the doors of the Hospital because no beds were available for their reception.

The bed reservation of Emergency Medical Service casualties was reduced during the year to 100 beds, but this did not alter the situation as it had already been the practice to make use of these beds when the need arose. Overcrowding in the children's wards led to the overflow of children into adult wards, and at various times it became necessary to open up side wards and dayrooms in adult wards for infants, as well as on occasion actually to treat children in main adult wards. The chief difficulties, however, arose in connection with finding room for children, for elderly chronic patients, and for patients waiting for operation for enlarged tonsils and adenoids. Although no fewer than 788 tonsil operations were performed during the year, there still remained a very substantial waiting list, and towards the end of the year consideration was being given to the provision of a special ward for such cases, which would permit a determined attempt aimed at the reduction of this waiting list.

The increased volume of work demonstrated by the figures has thrown an additional burden on all members of the staff. This was aggravated by constant and frequent staff changes which occurred throughout the year. The loss of senior and key members of the medical, nursing and domestic staff increased the problems, but the generous and whole-hearted response of all members of the staff enabled the Hospital to surmount its difficulties. These extra demands took their toll in sickness, and it is regrettable to record, in addition to the other top figures mentioned, a new high peak for days lost through sickness of nursing and medical staff.

The results of the General Nursing Council examinations showed a falling-off in the standard, compared with previous years. This is not surprising when it is considered how these student nurses had to face grave difficulties during the middle of their training periods, the strain and disturbance of air raids and the interruption and dislocation of studies by dispersal and evacuation. Having regard to these facts, the results might well have been more disappointing, and there is no cause for discouragement or despondency.

The Annual Re-union and Prize-Giving of the Nursing Staff was held on the 24th October, when the prizes and certificates were presented to the successful candidates by Mrs. Webb and Mrs. Haynes. The Gold Medal was awarded to Nurse Naphtali, the Silver Medal to Nurse Armistead, and Nurse Rogers obtained the Bronze Medal. The Hospital staff was geatly privileged on the 19th November, when the King and Queen visited the War-time Nursery situated in the Hospital grounds, and the Medical Superintendent and the Matron had the honour of being amongst those presented to Their Majesties.

During the year medical staff meetings were inaugurated for the first time in the history of the Hospital. These meetings were well attended, and it was felt that they met a long-felt want in the Hospital and provided much appreciated opportunities for professional intercourse between members of the medical and technical staffs. Dr. Grimshaw published the record of a case of Cardiac Massage in Impending Anæsthetic Death in the British Medical Journal on 21st March, 1942. Changes amongst the medical staff were numerous during the year. Mr. Nicholson, who had been acting as Temporary Visiting Surgeon, left for the Forces, and his place was taken by Miss Liebert and Miss Mills, who shared the work. Dr. Kruger, after a long spell of illness, was obliged to resign his post of Resident Obstetrical Officer and was replaced by Dr. Resnick. Amongst the Assistant Medical Officers, no fewer than six were called up for service with the Forces during the year. This entailed frequent changes amongst the junior medical staff. As the only replacements available were recently qualified graduates who joined the staff immediately on graduation and were only permitted to remain a period of a few months, it is not necessary to emphasise the added difficulties compared with pre-war days, when these posts were filled by doctors who had usually had previous hospital experience elsewhere, and who almost invariably remained for 18 months, during which time they acquired considerable experience. The various Assistant Medical Officers who have held these posts during the year are to be congratulated on the way in which they carried out their duties. Much of the time of Assistant Medical Officers must necessarily be devoted to the administration of anæsthetics in view of the considerable increase in the number of operations performed,a nd it is manifest that they are being taken from their important ward and other duties too often to give anæsthetics.

The Sun-ray Department was reopened during the year, the last of the Hospital services to be restored, following the bombing of the Hospital This prolonged delay was due to the difficulty experienced in getting electrical equipment suitable for the working of the appliances. It was not felt that this marked the end of the problems resulting from the Hospital disaster—in addition to shortage of beds, there were problems relating to deficiencies in the staff establishment, as well as in the accommodation available for stores, and for administrative and office staff. Schemes were under consideration for meeting the difficulty of storage accommodation and for the revision of the staff establishment towards the end of the year. Much, therefore, still remains to be done, but it was felt generally that the year 1942 was the turning point in the restoration of the Hospital. The credit for this achievement must be awarded to the efforts of all members of the staff, who throughout the arduous and trying year by their loyal, whole-hearted and constant endeavours enabled the Hospital to meet and discharge its obligations to the general community. Their splendid work was enhanced by the generous assistance and co-operation afforded by the staff of the Health Department, to whom thanks and recognition are due. The end of the year found the Hospital filled with renewed confidence and vigour, armed with the realisation that in the recent past it had demonstrated its ability and resolution to cope with its trials and tribulations, and eager to engage and surmount the problems of the future.

STATISTICS RELATING TO HOPE HOSPITAL, 1942.

		1941.	1942.
1.	NUMBER OF PATIENTS TREATED DURING THE YEAR	6,744	9,653
2.	X-RAY DEPARTMENT—		
	Number of patients treated	4,196	5,621
3.	DEPARTMENT OF PHYSIOTHERAPY—		
	Number of treatments : Massage	10,236	11,621
	Electro-therapeutics	9,523	9,870
4.	OUT-PATIENTS DEPARTMENT—		
	Number of Dressings and Treatments	9,064	9,578
	,, ,, Consultations	8,892	10,618
		17,956	20,196
5.	SURGICAL WARDS—		
	Number of Operations performed	2,337	3,372
	Out-Patients (General)	3,117	3,998
	Orthopædic Department—New admissions	290	272
	Out-Patient Attendances	1,190	1,312
	Ear, Nose and Throat—Patients	776	1,008
	Operations	431	875
6.	MEDICAL WARDS—		
	Notifications of Infectious Diseases	407	304
	Out-Patients Treated	2,320	2,304
	Electrocardiograms	343	487
7.	MATERNITY—		
	Deliveries	574	1,154
	Ante-natal attendances	4,630	7,005
	Post-natal attendances	222	1,093
	Puerperal Pyrexia	30	34
	Maternal deaths	12	14
8.	GYNAECOLOGICAL DEPARTMENT—		
	Number of admissions	350	510
	Out-patient attendances	820	1,156
	Number of operations	338	409
9.	V.D. Wards—		
	Number of cases treated	66	112
10.	CHILDREN'S DISEASES CLINIC—		
	Number of cases examined	43	265
11.	PSYCHIATRIC CLINIC	500	444
12.	CANCER—Number of cases	46	50
13.	PATHOLOGICAL INVESTIGATIONS	20,016	30,877